

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 577576

FILING DATE

4.27.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	0					
5	0					
6	0					
7	0					
8	0					
9	1					
10	1					
11	2					
12	0					
13	0					
14	0					
15			1			
16			1			
17						
18						
19						
20						
21						
22						
23						
24						
25						
26		1				
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.		2	19	2	2	
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.				2		
TOTAL DEP.		2	2	2	2	
TOTAL CLAIMS			21			

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